



City Clerk's Office
304 South Indiana Avenue
Kankakee, IL 60901
Phone: (815)933-0480 Fax: (815)933-0482
Web Site: www.citykankakee-il.gov
Email: businesslicense@citykankakee-il.gov

APPLICATION FOR BUSINESS LICENSE RENEWAL

Renewal Fee \$100.00 – Cash for Gold \$1,000

**Please complete this application in its entirety and attach all required documentation listed.
Incomplete applications will be returned.**

- ☐ **Copy of current Illinois Sales Tax Certificate (if applicable)**
- ☐ **Copy of current Fire Inspection Report (please call 815-933-0458 to obtain your report)**
- ☐ **Copy of current Proof of Insurance coverage on building showing the policy period**
- ☐ **Copy of current State License (if applicable: i.e., a state-licensed business or profession)**
- ☐ **Copy of proof of non-profit (if applicable: i.e. tax-exempt certificate or 501c3 form)**
- ☐ **Copy of current Kankakee County Health Department License (if applicable)**

Type of Business Entity:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> C-Corporation | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> LL-Partnership | <input type="checkbox"/> LL-Corporation | |

FEIN NUMBER: _____ State: _____

Name of Registered Agent: _____

Address: (P.O. Box Not Acceptable) _____

Business Name: _____ D/B/A: _____

Address: (P.O. Box Not Acceptable) _____

City: _____ State: _____ Zip: _____

Business phone number: _____

Fax Number: _____

Email: _____ Website: _____

Alternate Mailing Address (if different from above):

Address: (P.O. Box Not Acceptable) _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Mobile: _____

Email: _____

Business Owner/Main local Contact/Emergency Contact

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Mobile: _____

Information on Partners or Officers

Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____
Name: _____ Title: _____ Phone: _____

Primary Business Activity (Detailed): _____

A BUSINESS MAY BE REQUIRED TO CARRY MULTIPLE LICENSES

Does the business serve or sell food products? ☐ Yes ☐ No

IF YES, please provide a copy of Kankakee County Health Department license

Does the business sell alcohol? ☐ Yes ☐ No

IF YES, please contact the Mayor's office (815) 933-0500 to obtain your liquor license application.

Does the business sell tobacco products? ☐ Yes ☐ No

IF YES, please complete the Fiscal License form from the City Clerk.

Does the business own or operate any amusement/vending machines? ☐ Yes ☐ No

IF you do not own the amusement/vending machines, please provide the name of the distributor:

Name of the Vendor: _____ **Vendor Phone Number:** _____

Quantity: _____

Home Based Business (Minor Home-Based Businesses are Exempt from the fee)

Will the business operator live in the unit? ☐ Yes ☐ No

Will the business be restricted to one room in the home? ☐ Yes ☐ No

IF NO, what percentage of the home will be used for the home occupation? _____

BUILDING PERMITS MUST BE SECURED PRIOR TO ANY WORK ON THE PREMISES.

I understand that the issuance and continuation of this license is conditioned upon compliance with all city codes and ordinances, as well as State and Federal Law, and the result of any inspection of the above premise at this time, or any subsequent inspection while this license is in force. I also understand that I, my business, or any business I am affiliated with will not be issued a business license if I owe any outstanding debt to the City of Kankakee. I acknowledge that I am signing this information form under the penalty of perjury and that all information is true and correct.

Print Name: _____ Signature: _____ Title: _____

**ALL LICENSE FEES MUST BE PAID AT THE TIME OF SUBMISSION
PLEASE MAKE CHECKS PAYABLE TO: CITY OF KANKAKEE**